THE

MEDICAL AND SURGICAL REPORTER.

No. 475.] PHILADELPHIA, APRIL 7, 1866. [Vol. XIV.—No. 14.

Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

(*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

VI.

Treatment.

We do not approach this part of the subject with cheerfulness, nor yet with humbleness. Even if it cannot be said that medical science has so far succeeded in curing cholera, the acknowledgment of the fact is not one at which to feel humbled. I do not recognize any *opprobrium medicorum*. When I look back at the progress which medical science has made since the beginning of this century; when I find that during that time the average period of human life has been lengthened ten years, I feel proud of my profession. There are diseases over which we have no control, and death must be. I do not approach the subject, therefore, with the expectation of giving you great confidence in your ability to treat the disease with great success, still something will be gained if we can only point out what means have been unsuccessful. The experience of the past will not have been lost if, on looking over its various modes of treatment, we can reject what has been useless, and are able to say, from this point we can start anew, and then go forward.

The first main fact to be held in view, is that medicine can produce but little influence in the latter stage of the disease. The great congestion of the alimentary canal, the sluggish capillary circulation, the thickened and viscid state of the blood, render the absorption of medicinal substances, of whatever kind, slow, perhaps impossible. To most patients, during the active stages of the disease, medicines of powerful action, in large doses, may be given without effect. The extract of belladonna has thus been administered in doses of from six to eight, up to even twenty grains, without producing any of its well known results. Heroic medication hence is useless, for the drugs either remain in the canal without effect, or they are swept away with the discharges. If they remain, as is frequently the case, the fact forms a very great embarrassment in the later stages.

We will now consider some of the general plans of treatment.

The *opium* treatment stands first, perhaps. Opium has frequently been given in very large doses, but has generally failed to cure, and it seems now to be the universal opinion of those who have had most experience in the disease, that, except in the initiatory diarrhœa of cholera, it does harm rather than good. I remember the case of a distinguished gentleman, who had been treated by large doses of opium; he had passed through the stage of collapse, and as reaction came on, the opium which he had taken commenced to have its effects, and he died of narcotism and uræmia combined. Opium may be given in moderate doses in the initiatory diarrhœa; but from large doses, which are apt to remain and then produce accumulative effects, only disastrous results can be expected.

Alcoholic stimulation. No physician can approach a patient in the stage of cholera-collapse, with its striking features, pulselessness at the wrist, the violet-bluish discoloration of the skin, the coldness of the surface, the sunken eye, the cadaverous look, and not have suggested to his mind the propriety of powerful stimulation. Hence, it is not astonishing that stimulants have been used with great freedom; but the results obtained, without going into detail, may be stated that, like opium, except in small quantities during the initiatory diarrhœa, they have not been found serviceable.

The next general plan of treatment which has been resorted to is *bleeding*. It was indeed one of the first methods, when cholera appeared, to bleed either early or late in the course of the disease. It will be comprehended from what has been said regarding the condition of the blood, that it is difficult to obtain blood by venesection or cupping, and when it does flow, it is always slow and of a dark color. In the earlier stages

it will be more natural. Drs. Gull and Bailey have accumulated a large mass of material regarding the efficacy of this treatment, and from some of the records given you may form your own judgment regarding it. Dr. Brown found it invariably pernicious. Dr. Strange claims that, in many cases of approaching collapse, the symptoms yielded to a venesection of from 6 to 18 ounces, followed by iron and quinia. Dr. Müller, of Riga, bled 4 persons, they all died: in 10 others, there seemed to be no harm done by it in 4; and in 23 more, a favorable change seemed to take place in 8. Dr. Silvoni bled 9 cases in impending collapse, 1 recovered. Dr. Bell, who advocates bleeding, reports that he bled 44 patients in the first stage, 7 died; 6, bled on the verge of collapse, all died; of 9 bled in collapse, 7 died. Dr. Hebra relates a severe case of collapse, in which much relief was obtained by taking 8 ounces of blood by cups, but the patient died five minutes afterward. Of 69 cases reported by Dr. Müller, bled during the stage of reaction, 48 died; of 6 patients in the same stage, with the consecutive fever and pneumonia of reaction, all died; of 12 not bled, 7 recovered. This seems to dispose pretty effectually of bleeding in cholera.

A drug which has been extensively used is *calomel*. Indeed, it has figured more largely, perhaps, in the treatment of cholera than anything else. Pereira reports in his work the success claimed to have been obtained by drachm doses of the article. But no one since has been able to repeat that success. As far as my personal experience is concerned, I must confess that in general, as the phrase goes, I have not had much luck with calomel; I would not say that calomel is an enemy of mankind, but say this, that it can be used *less than it habitually is*, to the advantage of man.

Dr. B., of New Orleans, in 1849, in 10 cases, gave from 120 to 150—180 grains in one dose; in one case half an ounce. This is sufficiently heroic; 4 of these 10 cases were in collapse, but all died. He remarks that in not a single instance did it check purging or vomiting. Dr. Buel reports the success of sixty-grain doses of calomel, in one of the New York hospitals, as 93 deaths in 100 cases—the largest mortality of any in the city. Dr. Houston says that he saw a recovery from the middle period of the second stage, after the administration of one ounce and a quarter of calomel, given in three doses in the course of twelve hours. He considers the cure marvellous. As a general rule, it may be stated that when physicians have tried these large doses, their experience has in most cases led them to abandon the practice.

Dr. Ayre has made his name famous by his plan of treating cholera by small and often repeated doses of calomel. And this practice has found so many followers that it becomes necesary to make inquiry into the subject.

It is claimed that cholera essentially consists in an interruption of the secretion of the liver, congestion of the portal circulation and the liver, leading finally to congestion of all the abdominal viscera, and lastly, of the spinal column; and to stimulate the liver to proper secretion, relieve the portal system of its engorged condition, it is claimed that calomel is necessary. Now, is this a correct view? The investigations made in regard to the composition of the evacuations have not shown that bile is absent in the initiatory diarrhœa of cholera; on the contrary, as we have seen in an earlier part of these lectures, bile is even present in the rice-water evacuations, only existing in a modified form, and not answering to the ordinary tests. If then, suspension of the biliary secretion constitutes the essence of cholera, it should be present from the first, and go on increasing as the disease advances, neither of which is the case. Then again, there is usually no congestion found in the liver, but just the opposite; it is ensanguinated, and the gall-bladder, which according to this theory should be empty, is usually found full of bile. The physiological or pathological basis, then, claimed for this treatment is not sustained.

Dr. Ayre himself states that of 3069 cases of cholera, either in diarrhœa or impending collapse, he lost but 63; of 725 cases in full collapse, he lost 365. Dr. Oaks, while he found the treatment very successful in children, could save but one-third of his cases in adults. The various reports as to the results of this treatment vary immensely, while the uniform opinion is that large doses are harmful. This plan of treatment may be the best we have yet learned, but still it is not based upon a safe foundation, and I am disposed to say that it is still doubtful whether it is better than none at all.

It will be best, however, to turn our attention to the different stages of the disease and their different modes of treatment.

Diarrhœa. There are enough of these cases of prolonged diarrhœa during a cholera epidemic to demand our special attention. It is generally supposed that this diarrhœa is no more difficult to treat than the ordinary form. This, however, is not quite true; it does not yield very readily, and unless checked, soon becomes a source of

great danger. Here, then, is the great field for exercising medical aid.

The first rule should be to send the patient to bed, after a warm bath, and sufficient bed covering to induce a gentle soft perspiration; the administration of cathartics, especially of the saline class, must be carefully avoided. There is no doubt that cholera has been produced through the injudicious use of cathartics. It will be required that you check the diarrhœa. Among the medications used for this purpose, opium has generally been resorted to. A favorite prescription consists of equal parts of the tinct. opii camp., catechu, cloves, and capsicum, given at proper intervals in proper doses. Some advocate the use of quinia, as an anti-miasmatic, and it is claimed that it will often alone check the diarrhœa. The pernitrate and persulphate of iron have also been used. Acetate of lead and camphor are recommended by others. Dr. Houston has great confidence in the following pill:—Plumbi acet., pulv. camphoræ, āā gr. xxiv., morphiæ, gr. ij—iij., ol. cinnamom., gtt. v., M. e. q. s. f. m. S. Divide in 12 pills. One every two, three or four hours, according to the urgency of the symptoms. Hope's mixture is another favorite with many. Rest, and rest in bed, however, is as important as any medication.

Passing to the serous diarrhœa, when vomiting and cramps may soon be expected to make their appearance, other remedies are demanded. Dr. Fuller advocates the use of sulphuric acid, as having almost sovereign power to arrest the disease in this stage. Cox, of England, introduced this mode of treatment first. It is claimed as infallible. But so many infallible things have been proposed in cholera, that any claim to infallibility must be doubted. Chloric ether is added to the sulphuric acid, and the treatment is generally preceded by opium. Then sinapisms over the stomach and frictions.

Sulphur, too, has been proposed, and used with a view to destroy the supposed fungi. Dr. Grove gives precipitated sulphur with bi-carbonate of soda suspended in water, spirits lavundulæ and whisky.

Creasote has also been declared to be infallible. Possibly it may be serviceable.

Chloroform. The late Prof. Horner used this remedy in 1832. Dr. Hartshorne, of Philadelphia, has stated it to be very successful. Dr. Davis at one time placed great reliance on it, in doses of from seven to ten drops every half-hour. The general report, on the whole, is in favor of chloroform, and also of sulphuric acid, so that we may be justified in continuing their use. Chloroform has also been used by inhalation to allay cramps and vomiting; but the difficulty is that to attain the object, the patient must be kept under a slight degree of anæsthesia for a longer period of time than would be admissable.

Prof. Frazer, of McGill College, Montreal, gives *strychnia*, and recommends its use—1–48 part of a grain of the acetate given in solution and repeated every 15 to 5 minutes, up to 8 or 12 doses, or until some perceptible effects are produced. He claims a success of 21 cases in 25, and of the fatal cases, 4 are reported as having advanced to reaction. It has been tried by others, and the results have not been so favorable.

Collapse. Electricity and galvanism have been tried in the stage of collapse. They seem to rouse the vital energies a little; the temperature has been observed to rise from 88 to 92 in the mouth, under their application, but on the whole, while they do possess the power of stimulating the energies of the system temporarily, it cannot be said that life has been saved by these means. Wet sheets have been used, according to the plan of the hydropaths, but although slight reaction may be produced, they cannot be considered as a curative agent; the same may be said of cold affusions, the warm hip-bath, and cold douche followed by putting the patient into a warm bed, and enveloping him in blankets. Still these means cannot be rejected as adjuvants.

The inhalation of *oxygen gas* has produced temporary stimulation, but no ultimate favorable results.

Counter-irritation, often of the most violent kind, has been resorted to. Casper dipped rags into alcohol, laid them on the skin, and set them on fire; but the patients did not get well for all that. A noticeable fact is that counter-irritation produces not much redness of the skin in cholera. All the means embraced under this head have failed to be of any signal service; yet they have done no harm, and possibly may enable us to do something.

External warmth, though generally disagreeable to the patient, moderately applied, has generally been received with favor, to supply and restore the heat of the body which has been lost.

Emetics have been resorted to, to arouse the patient from collapse. Common salt or mustard, ipecacuanha or sulphate of zinc have been used for this purpose. But, though they may arouse the patient to a certain extent, their effect is but temporary.

Ice and cold drinks. A distinguished writer

remarks that the experience of the last epidemic has confirmed the efficacy of the use of cold water and ice. There is, it is true, a disposition to eject them; but still they allay the suffering of thirst, and to some extent supply the water which the blood has lost.

Among the agents which have been recommended and used in the stage of collapse are *saline mixtures*. Dr. Stevens, of Jamaica, was probably the first to recommend them. The theory on which this treatment is based, is to supply the loss sustained by the blood from the copious discharges. But, as has been stated in a former lecture, analyses of the evacuations have shown them to contain a less proportion of saline constituents than normal. Some physicians, however, speak highly of this treatment, when the patient can swallow and retain liquids, and some very favorable figures are given in the report of Gull and Bailey. But it must be constantly borne in mind that nothing is so uncertain and unreliable as figures in the treatment of cholera. The mixture in question, generally used, consists of sodæ bi-carb., ʒss., sodii chloridi, ℈j., potassæ chlor., gr. vij., dissolved in water, every hour. Another solution used consists of common salt, ʒss., tartrate of soda, grs. xij., phosphate of soda, grs. viij. This saline treatment of Stevens does not, however, seem to have been as sucessful in the hands of others as in his own. Gull and Bailey say that, while at times it seemed to have aided recovery, at other times it increased the evacuations and the danger. One thing may be said in its favor—that when it is mainly used, other more injurious treatment is avoided— a negative benefit.

Camphor has been used to allay vomiting and cramps with good results. It is certainly believed to be a safe remedy; it is a good diffusible stimulus, and may be given in connection with chloroform.

Dr. O. H. Smith, in a summary of his treatment of cholera in the hospital at Williamsburg, states that to restrain the rice-water discharges, he resorted to injections of strong green tea ℥ij., with brandy ℥j., and from 5 to 10 grains of acetate of lead, repeated after every discharge. A pill of quinine, camphor, and calomel was given every half hour; mustard placed over the whole abdomen, and small doses of brandy and water given every few minutes. This treatment generally allayed the discharges. This favorable report induces us to recommend the treatment to further trial. Dr. Smith refers to the cases of two children who were attacked with the serous discharges of cholera, and to whom the parents administered two tablespoonsful of brandy, which rendered them completely drunk. There were no more discharges, and the children recovered. The report on the whole, however, is unfavorable to the general use of brandy internally.

Another plan consists in leaving the patient alone, without any treatment, and this plan has been followed by some who became discouraged with the unfavorable results of all other treatment. Dr. Hutchinson expresses his doubt whether treatment of any kind is much better than no treatment.

One more plan remains to be noticed—the injection of saline fluids into the veins. But though in a number of instances, a marked improvement has been noticed in the patients by the temporary establishment of reaction, the ultimate history of these cases is death. Dr. Streeter says that the experience of the last epidemic in England has demonstrated the inefficacy of the treatment. Dr. Lowry claims four successful cases of twenty-six, and if such good results can be obtained, it would be proper; for, it must be remembered, that it is only resorted to in extreme cases of collapse. Part of the art of obtaining success by this procedure, seems to be to inject very slowly. Drs. Gull and Bailey think it worthy of further trial. It does not seem that a very complex formula in the composition of the fluid to be injected is required. The main constituent of the blood which has been lost is water, and it would be safe to use distilled water simply, with perhaps a little chloride of sodium.

A pamphlet was published in Canada in 1854, in which Dr. Bauvel reported one success out of four cases of collapse, treated by injection into the veins of milk fresh from the cow. The pamphlet is interesting.

We will now review what treatment seems to be best adapted to each stage. In the *first* stage, rest in bed, after a warm bath, and some astringent and stimulating medicine; opium, quinine, and astringent preparations of iron, or a pill like that of Dr. Houston's. There are many chances that under this treatment the patient will recover.

Rice-water stage. Dr. Fuller's treatment of sulphuric acid may be resorted to; the testimony in favor of it is very decided. Chloroform, also, with or without camphor, after the mode of Horner and Hartshorne, deserves further trial. So also the strychnia treatment, perhaps, though this is more doubtful.

In *collapse*, but negative results are derived from electricity, affusions, etc. Better results are obtained from frictions, the moderate application

of heat, the free use of ice and cold water internally; and the saline treatment may yet be tried. Regarding the ice-bags of Chapman, applied to the spine to influence the ganglionic system of nerves, it is a point entirely new, and it would be extraordinary if we did not hear of successes, especially as long as the treatment remains in the hands of its author.

Stage of Reaction. When the collapse passes off, it does so slowly, the pulse increasing in force gradually, warmth returning in the same manner, and the secretion of the kidneys returns little by little. The dangers are chiefly of an inflammatory kind, unless the patient has been injudiciously treated. The chief dangers are from pneumonia, continued disease of the alimentary canal, dysentery, or the changed condition of the blood. Diluents will be of service here, as the great point seems to be to restore to the blood its healthy constitution. No antiphlogistics can be used,—hardly diaphoretics. We must be very careful not to do too much.

A word regarding food during cholera. If there is anything that the patient has a full and unmixed disgust for, it is food. The best plan is not to urge food until reaction, when dissolved food, as beef tea and the like, can be given.

Prophylaxis. The first question which meets us in considering the modes of preventing cholera is, whether we possess any means to destroy the poison. There are but few pure disinfectants; that is, such articles as will destroy poisonous effluvia, by combining with one or more of their elements, and thus destroying their chemical composition. Chlorine is a substance which has this reputation; bromine another; so permanganate of potash, chloride of zinc, sulphuric acid. Other articles might be named which seem to have the power of arresting decomposition—carbolic acid, and the like. But there are really but two agents which effectually destroy poison, of a miasmatic character—*heat* and *cold*. We are not quite sure that cold will destroy the cholera poison, but heat, if carried up to at least 250° F., undoubtedly will. It is difficult to apply it to ships, as it causes shrinking of the timber, and on that account objected to by ship owners. But it can be used to disinfect rooms and garments.

A great element in prophylaxis is *ventilation*. In Paris and London on calm days, when the air was stagnant, the epidemic was always increased. Purification of cess-pools and privies should be insisted upon, together with free ventilation of all houses, outbuildings, cellars, etc. The ground about houses should be attended to, and where there is any infiltration of the soil with decaying organic matter, it should be covered with lime or charcoal. To charcoal there is one objection, however; while it absorbs noxious effluvia, it does not destroy them, and under favorable circumstances may exhale them again. From cellars all filth and decaying vegetable matter should be removed. The state of sewers must be looked into, so that they may not produce direct emanations of an unhealthy nature, or impregnate the water of wells or aqueduct pipes in their neighborhood. Pig-sties, decomposing material of every sort, manure heaps, etc., are matters which should be examined with a view to prophylaxis of the disease.

Complete and perfect purification of every house in a city or town should be insisted upon, as an epidemic of cholera is threatening. In Philadelphia in 1849, vigorous measures were taken to clean the city, and the consequence was, that when the disease came, it found it in an excellent sanitary condition, and the number of deaths from cholera was but 747, while in New York it was 5071. Boston prepared for the attack by enforcing measures of cleaning the city, and they had only 633 cases. In New York the over-crowding of houses forms a great difficulty in efficient sanitary prophylaxis.

The proper choice of water for drinking and culinary purposes, is another point demanding attention in this respect. The water from rivers passing cities and towns is objectionable; water containing lime should be avoided, on account of its laxative effects. The purer the water, the better. If the opinion is entertained that the dejections of the patients may convey the poison, means of purification of these should not be neglected. The soiled clothes, as they are removed from the patient, may be placed in boiling water, to which some chloride of lime or permanganate of potash is added. It is well under any circumstance to place in the chamber-pot or bed-pan, which receive the evacuations of the patient, some sulphuric acid, previously diluted with water.

Visits and inspections from house to house are of value, during an epidemic, although it is doubtful whether they have accomplished all the good results claimed for them in England.

In conclusion, a few words regarding the *personal relations* of cholera. In 1832 we were taught to be abstinent in a certain degree, as full diet predisposed to the disease. Experience since has taught the opposite. We now are led to believe that the body should be nourished fairly during the prevalence of the disease, and that

abstemiousness is dangerous. People should live in the manner they are accustomed to live, avoiding abrupt changes. He who is accustomed to take his glass of wine, should continue it; and even for the toper this is no time for reform. Personal cleanliness should be strictly observed, and even in warm weather the body may be covered by flannel, especially the abdomen.

Fear should be avoided. Its influence is bad. We are not sure that the old allegory of Egypt and the Plague is any more applicable there than here. When the plague was ravaging over the earth, it is said that as it approached the borders of Egypt, it there met the good Genius of that country. The Genius plead and prayed the Spirit of the Plague to spare his people, and he finally promised he would take but three thousand. He entered, and soon thirty thousand had fallen victims. As he had done the work, on leaving Egypt, the Genius again met the Plague, sorrowful and in tears, upbraiding him for not having kept the promise. "I have kept the promise," replied the Spirit of the Plague; "I took but three thousand of your people, and *fear* took the rest."

Communications.

REMEDIES FOR CHRONIC ENLARGEMENT OF THE SPLEEN.

[The subjoined letter is from the pen of Dr. Gadbury, a distinguished physician of Mississippi. The subject to which it relates is important, and we therefore invite special attention to it.—Ed. Med. and Surg. Reporter.]

Prof. S. D. Gross, M. D.:

Dear Sir—You will probably remember me as one of your Louisville pupils, and a collaborator of the *North American Medico-Chirurgical Review*.

The object of this communication is to call your attention to some remedial agents which may be interesting, if not serviceable to you in practice. You will find, by reference to the *Western Medical and Surgical Journal* for 1852 or 1853, an article by me on the treatment of enlargement of the spleen. Since then, I have altered the principal remedy, and herewith enclose the recipe. From that time to the present, only two adult cases who persevered, have resisted the treatment. One of these, Mr. Alsop, was under your care in Louisville, and I believe died at that place. Both cases had ascites, and probably scirrhus of the liver, the effect, no doubt, of protracted dissipation. Several children, who had lumbricoides, did not yield until the worms were expelled. With these exceptions, I do not remember any case where the treatment failed in curing enlargement of the spleen and chill and fever, if persevered in for a reasonable time.

The mixture here given is used by many physicians in this country and sold by druggists under the name of spleen-mixture. For chronic intermittents and all the sequelæ of malarial fever, such as general debility, anorexia, anemia, enlargement of the spleen and liver, anasarca, and the *malarial cachexia*, it surpasses any remedy I have ever used. It is also efficacious in the disordered digestion of drunkards.

My patients, who have suffered from malarial fever and engorgement of the abdominal viscera at different times for years, say they could not wear tight clothing around the body until they had taken this remedy, and contend that it diminished their size around the waist several inches, which proves conclusively its efficacy in relieving the engorgement of those organs supplied by the cæliac axis. The advantage it has over iron and quinine alone is due to the increased oxidation of the iron, the free nitric acid and the nitrate of potash, which supplies the system with a large quantity of oxygen, besides its action as an alterative and depurant. Recently, I have used iron by hydrogen and ferri sulphas, previously oxidized, in combination with quinine, and find them superior to the iron and quinine alone. Headland contends that iron is converted into a peroxide in the system; and if so, it is better to give it in that state.

The time is not far distant when we will understand better than now the operation of the *materies morbi* of malarial fever, and it may then be demonstrated that this agent absorbs oxygen rapidly from the atmosphere or from the system infected by it. The bad taste of the spleen-mixture is the only barrier to its general use. Patients aware of its advantage very often refuse to take it until they have exhausted other means.

Dr. Richardson informed me last October, after looking over the prescription, that he had made it, or a part of it for you in Louisville. Can you not suggest something that will disguise the bitterness of the quinine, or offer some substitute for it in this mixture?

In 1864, a case of lupus serpiginosus, of six months' duration, situated under the right eye of a boy, fourteen years of age, was treated by me with a strong infusion of black walnut leaves internally, three times per day in increasing doses, and the application to the ulcer of the fresh juice of stramonium leaves mixed with lard. He re-

covered in six weeks, and the disease has not yet returned. He had been subjected to Néligan's course without benefit. Since then, I have relieved one case of scrofula in a child, of long standing, with the same remedies. Another case was benefited by the remedies, but not cured. This treatment was recommended in *Braithwaite's Retrospect* some years since, but I am not aware that it has been tested in this country. In all the cases the ulcerative process was controlled in a short time. I would be pleased if you would try it, as you have a wider field for such experiments than I have.

You may regard me as a "hobby-rider," but I can assure you that no remedy recommended in the books for malarial fever has escaped a trial with me. During the war, botany and therapeutics engaged much of my time, as we were out of mineral medicines, and had to resort to every substitute that could be found.

The following are the preparations referred to:

Liquor Oxy-sulphas Ferri. (Taken from *Braithwaite's Retrospect.*)

℞.	Ferri sulph.,	℥j.
	Acidi nitrici,	f.℥j.

Mix and stir until it ceases to effervesce, then add water, f.℥iv.

Spleen-Mixture.

℞.	Liquor oxy-sulph. ferri,	f.℥iij.
	Aquæ cinnamomi,	f.℥viij.
	Quiniæ sulph.,	℥ss.
	Potass. nitrat.,	℥iiss. M.

Dose—one tablespoonful three or four times a day. The liquor nitratis ferri may be substituted for the liquor oxy-sulphatis ferri, and the chlorate of potassa for the nitrate, if desirable, as in some cases of secondary syphilis. In obstinate cases of enlargement of the spleen or liver, the iodine ointment or some counter-irritant should be applied, and a roller worn around the body so as to make compression of all the organs supplied by the cæliac axis. The quantity of the ingredients may be altered to suit the case, but as a general rule it is not necessary.

Believing that you will appreciate my motive, I trust you will accept this as an evidence of my sincere esteem. Very truly yours,

W. T. Gadbury.

Lexington, Miss., Feb. 22, 1866.

—— The "fusible metal," *par excellence*, has hitherto been composed of bismuth 2 parts, lead 1, and tin 1, and its melting-point is about 169° F. But an alloy, composed of 4 cadmium and 5 each bismuth, lead, and tin, fuses at about 118° F.

Hospital Reports.

Philadelphia Hospital,
November, 1865.

Surgical Clinic of W. H. Pancoast, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Spasm of the Sterno-Cleido Mastoid Muscle of the Left Side.

Louis G., æt. 24. He was perfectly well till six weeks ago, when he was attacked with intermittent fever. Shortly after which the present trouble, torticollis, supervened. His head is now constantly turned toward the right side, and he can only look straight forward by holding it in both hands. This is caused by spasms of the sterno-mastoid muscle on the left side. The patient's appearance is peculiar. His left ear approaches the sternum; the left eye is lower than the right; the angle of the mouth on that side is depressed; and the chin is elevated and carried from the median line toward the right shoulder. The spasm is not constant, and therefore belongs to the class called clonic. If it did not relax it would be tonic.

The causes of this affection are various. It may be rheumatic, originating from cold. In some cases it arises either from periosteal disease, or caries of the cervical vertebræ. In other instances it is the result of paralysis of the same muscle on the opposite side. In the case before us, it seems to be of a purely nervous origin. The vertebræ of the neck are perfectly healthy, as far as can be ascertained. The muscle of the right side is not paralyzed, but the one on the left is spasmodically contracted. It is not rheumatic, for he has none of the evidences of this disease in other parts of his body. The muscles of the neck are not the least painful either to the touch or upon motion, and it did not come on after the patient had been subjected to cold. Therefore we conclude that the cause in this case is congestion at the roots of the nerves supplying the muscle—which are the sterno-mastoid branch of the spinal accessory, and the deep branches of the cervical plexus. The congestion has probably been produced by the chills of the intermittent fever.

If this affection continues long without relief, inflammatory action goes on in the muscle, plastic matter is thrown out, and the fibres become atrophied. The breadth and thickness, as well as the length of the muscle are lessened, and it becomes abnormally pale in color.

Treatment.—In this case, believing that the condition is the result of congestion, we shall employ counter-irritation. To produce this I use the actual cautery, making six issues,—three on each side of the spinal column. These we will dress with cold water. In the mean time I will have his bowels opened daily. If this treatment fails, we have no other resource than to divide the affected muscle by a subcutaneous section.

Dec. 12th, 1865. The patient was returned. For two weeks after he was last before you he

seemed to be much improved by the application of the cautery. He then left the house, and remained out two weeks, during which time the difficulty returned. I can now only hope to benefit him by dividing the muscle. This I do by a subcutaneous section. Drawing the skin a little over and inward, I now puncture it, going down upon the belly of the muscle. Through this opening I insert a long-shanked probe-pointed bistoury, and on coming down upon the outer edge of the sternal origin of the muscle, I carry the instrument flatwise behind it till I can feel its point on the opposite side. I now turn the cutting edge forward, and turning the head, I make the muscle tense, and bring it in contact with the edge of the knife, and divide it from behind, forward. You can now see the contracted belly of the muscle part way up the neck. I only divide its sternal origin, for that only is involved. We will now cover the opening with adhesive plaster, and in a little time put on an apparatus which will hold the head in the proper position.

Extirpation of the Eye.

Nov. 1st. William B., æt. 44. Four years ago he was struck in the right eye with a small stone, which caused an infiltration of blood into the organ. He suffered but little at this time, and the vision was not impaired till nearly one year afterward, when the pain became much aggravated. His sight (in that eye) was now gradually lost, after which he came into the house, and remained in the eye ward nearly two years, without any improvement in his condition. Ten months ago he first observed roughening of the anterior portion of the globe of the eye, which has gradually increased. Since the loss of vision, there has been continual pain, and lately it has appeared in the sound eye.

The case is one of staphyloma, and is the variety known as racemosa. On the surface of the globe, situated between the posterior margin of the cornea and the insertion of the recti muscles, you notice several little bodies projecting, the largest about the size of a pea. These are black, with a bluish tinge, and upon looking closely, you can detect narrow white lines crossing them, which are the fibres of the sclerotic coat separated by distension.

This disease is the result of inflammatory action within the globe of the eye, which primarily begins in the choroid coat. The iris becomes adherent to the capsule of the lens at the margin of the pupil, or that opening becomes occluded, when (the inflammatory action continuing) the tissues undergo a slow disorganization, and fluid is effused in the posterior chamber of the eye, which causes absorption or atrophy of its coats by pressure, with protrusions, as you see in this case. The disease may occur farther back on the organ when the effused fluid is outside of the choroid coat—between it and the sclerotic. Staphyloma of the cornea is caused by an increase of fluid in the anterior chamber. Affections of the eye seem sometimes to run through families as though they were capable of hereditary transmission. Tyrell states that the lamented Princess Charlotte was affected with choroidal congestion and inflammation, and that the royal family of England were remarkably predisposed to diseases of the eye. George III., George IV., Princess Charlotte, the Duke of Cumberland, the Duke of Sussex, the Princess Sophia, and Prince George, of Cumberland, were affected with different and very serious diseases of vision.

Treatment. I have recommended extirpation of the eye. I do this, not to benefit the diseased structure, but to save the sound eye, which is liable to take on abnormal action from sympathetic irritation. In fact, this has already begun, because the patient has for some time complained of pain in the left eye.

The operation, to a certain extent, is one for strabismus on a large scale. In the first instance, I make an incision through the conjunctiva completely around the cornea. This exposes all the muscles, and I now cut them as close to the ball as possible, leaving them as long as I can, so as to make a good stump. You see the ball now protrudes. I pass my instrument back as far as possible, and sever the optic nerve and the remaining connections. In this operation, always try to leave all the stump possible. There is considerable hemorrhage, and I must arrest it, for which purpose I prefer the following preparation:

R.	Potassæ carb.,	℥ij.
	Saponis, (Castile,)	℥j.
	Alcoholis,	f.℥iij. M.

The advantage of this prescription is that it is a styptic without cauterizing, the latter being an objection to Monsel's salt. As a dressing, we will use simply lint wet with cold water. I will have his bowels partly opened and give him anodynes.

Nov. 8th. Two days after the operation, the patient had a chill, followed by fever, and soon after this, erysipelas of the head and face appeared and assumed quite a threatening aspect. He was treated internally with tincture of the chloride of iron, gtts. xx., every two hours. Locally, we use the ointment of the oxide of zinc. The disease is now entirely checked and the patient is doing well.

Nov. 15th. The man is well. The stump formed by the muscles of the eye is a very good one, and all its motions are perfect. He now has no pain in the sound eye.

The French Government has decided that seven medical students, who particularly distinguished themselves by their services during the prevalence of the cholera at Toulon, Sollies-Pont, Var, and Raon-l'Etate, Vosges, shall be exempt from all further charges in the completion of their studies. The Minister of Public Instruction has also awarded to one of the seven, M. Gensollen, student at Montpelier, a valuable scientific work, with an inscription stating the cause for which it was given.

Medical Societies.

PATHOLOGICAL SOCIETY of NEW YORK.

Ulceration and Perforation of Duodenum;—Trephining in Epilepsy—Extensive Necrosis of Skull—Abscess of Brain;—Reamputated Stump—Cases of Resection of Heads of Humerus and Femur.

Among the specimens presented at the meeting of the Society, March 28th, were the following:

Ulceration and Perforation of the Duodenum.

Dr. Smith presented a specimen obtained from a young lady 27 years of age. A year ago she had had typhoid fever, from which she fully recovered, and remained in apparently good health until December last, when she was seized with severe chills, followed by fever, vomiting, pain in the region of the stomach, suffering severely. The vomiting was almost constant. She was brought to New York in February, when Dr. S. saw her;—pulse small, vomiting, and continuous pain. Opium and quinia afforded no relief. About the first of March she became partly hemiplegic, gradually more and more prostrate, and soon died.

The post-mortem examination revealed the whole peritoneal surface covered with false membrane, the peritoneum acutely inflamed, and glued to the viscera; between the duodenum and abdominal walls pretty firm adhesions. On breaking up these adhesions some pus oozed out, and amidst the adhesions a perforation of about half an inch in diameter was found, while the gut around the perforation was exceedingly thin. There was no escape of the contents of the intestines into the peritoneal cavity, the firm adhesions having probably acted as a safeguard against such escapes. There is a question whether this perforation could be considered as likely to be the result of typhoid ulceration, when she suffered from typhoid fever a year ago.

Trephining in Epilepsy—Extensive Necrosis of Skull—Abscess of Brain.

Dr. Markoe presented part of the cranium of a boy 17 years of age. When five years old he had been run over, and received a wound on the head, no bone being broken, however, and the wound healing rapidly, so that he seemed perfectly well.

Six months afterward, however, he became paralyzed on the right side, (general hemiplegia—the wound having been on the left.) The paralysis, though quite complete, gradually left, and he recovered from it nearly entirely. He was left, however, in an enfeebled condition, with loss of mental vigor, some deafness, etc.

When fourteen years old an epileptiform seizure first took place, which was repeated, and after a time the epilepsy became seated, and occurred regularly in three to five days, and then in periods of seven days. His intellectual faculties at the same time became feeble, and did not develope in the rate of his age.

About five months ago his condition was one of confirmed hebetude, and as the case seemed to be one in which the disease might be associated with the old injury, it was determined to resort to trephining. Accordingly, on the 20th of October last, two disks of bone were removed about an inch apart, together with the intervening bone, leaving an opening of considerable size, the edges of which were pared off perfectly smooth, leaving no cause of irritation. There appeared to have been no pressure upon the membranes beneath.

During the next four weeks there were no convulsions. Then a slight one occurred, and again a complete intermission of two weeks, when the epilepsy reappeared. The hospital of which the patient was an inmate, was at the time the focus of cases of very bad pyæmia, and the patient commenced to suffer also from the general insalubrious atmosphere. The wound did not heal well, but abscesses formed under the pericranium, enabling the probe to be passed several inches in various directions, and disclosing the existence of large tracts of dead bone. All means were resorted to, general and local, to arrest this untoward development of the case, but to no purpose; he began to fail; pallor, dulness, a stupid condition supervened, the convulsions recurred more frequently, coma set in, and about a week ago he died. About two weeks before he died a fungus cerebri made its appearance, which grew to the size of a small orange at the time of death. The stupor and coma had commenced five to six weeks before death. Treatment had been supporting, and stimulating to the extent the case seemed to require.

On post-mortem examination the hernia cerebri had shrivelled down considerably; it was found to have proceeded from the left hemisphere, and immediately below it there was a district of brain substance, which was soft, pulpy, of greenish appearance, but no sign of an abscess. On the right side, however, deep in the substance of the hemisphere, and corresponding to a point of the wound on the other side, an abscess was found giving vent to about two ounces of pus. The ne-

crosis of the skull was very extensive, and had long been recognized.

The case presented two interesting features: first, the operation of trephining in epilepsy; and secondly, the total absence of any attempt of nature to separate and throw off the necrosed bone.

There are certain forms of tertiary syphilis, where this feature is presented. In syphilitic disease of the tibia, also in necrosis of the cranial bones of syphilitic nature, Dr. M. had observed the same non-separation. Three such cases had fallen under his notice.

Dr. Hamilton referred to osteo-myelitis as generally presenting necrosis of the bone without attempt at separation. The separation of dead bone seems to depend much on the constitutional or local cause of the necrosis; if the cause is merely local, separation is common; if constitutional, it is apt to spread without much attempt at separation, and the formation of a line of demarkation.

Reamputated Stump;—Two Cases of Resection of Head of Humerus and Head of Femur for Caries.

Dr. Krakowitzer presented several specimens.

The first were the bones and tissues of a reamputated stump, which had given the patient much suffering, on account of the formation of two hard nodules involving the median and ulnar nerve, and painful cicatrix. The nodules do not appear to be true neuroma, but simply seem to surround the ends of the nerves with fibroid tissue,—the size of hazel-nuts. Since the reamputation the patient has done well, being able to sleep and eat.

The *second* specimen was caries of the head of humerus and shoulder-joint, occuring in a soldier who was first attacked with pain in left shoulder in the summer and fall of 1863, which gave him some difficulty in going through the manual of arms. He remained, however, on duty. In April, 1864, he was taken prisoner, sent to Texas, and remained there thirteen months. The difficulty about the joint increased, and in October, 1864, he was rendered unable to lift his arm without support, and had to carry it in a sling. In June last he returned home. There was then a swelling over the inner aspect of the middle of the left arm. His health gave way, there was loss of appetite, diarrhœa, hectic fever, and night sweats. Two sinuses admitted a probe to the shoulder-joint, which was found in a carious condition, but no necrosis. Resection of the head of the humerus was performed, and the patient has done well since. The glenoid cavity was not completely deprived of its cartilage.

The *third* specimen was that of a resected head of the femur, from a boy, 6½ years old, whose father presented clear signs of arthritis. Three years ago the boy was taken with slight coxitis, from which, however, he recovered entirely. Last July, after a long walk, he commenced to complain of pain in the hip, and as the case, from the commencement, appeared an aggravated one, extension in the recumbent posture was at once resorted to. The treatment was well carried out, but the parents became tired, and the patient was placed in a balneological institution, where he remained under its peculiar treatment with no good effects. When Dr. K. saw him again four weeks ago, the pain and fever had increased. After a few days he became better, and as the severe symptoms subsided, a large fluctuating swelling appeared on the outer aspect of the leg; crepitation was distinctly felt, and it was evident that the capsule had been destroyed, and the pus escaped, relieving the pressure in the joint, and explaining the subsidence of the symptoms. On resection, the head of the femur presented the usual appearance of ulcerative coxitis. There is no reason why the patient should not get well, as the pelvic bones do not appear involved.

Editorial Department.

Periscope.

Morbid Anatomy of Pneumonia.

Dr. A. T. H. Waters, in a paper entitled "Observations on the Morbid Anatomy and Early Physical Signs of Pneumonia," read before the Royal Medical and Chirurgical Society, advances essentially the same views on the pathology of the disease as held by Professor Clark, of New York, (see Reporter, vol. xiii., No. 20, p. 317.)

The vessels involved in pneumonia, according to Dr. Waters, are the capillaries of the pulmonary artery which surround the air-sacs, and form the pulmonary plexus. On examining, under a dissecting microscope, a piece of inflamed lung, which has reached the stage of hepatization, it is at once seen that the seat of the exudation is the air-sacs. These cavities are filled with solid matter, and if the preparation has been kept in spirit for some time, moulds of the cavities can be drawn out. As the air-sacs are the seat of the exudation, it is obvious that the exudation must be poured out from their walls, and as they contain no other vessels than those derived from the pulmonary artery, it is the branches of this vessel alone which are involved in the disease.

Some pathologists, in speaking of the morbid anatomy of pneumonia, have described the exudation as taking place, in part, into the interstitial tissue. But they have not, according to Dr. Waters, described accurately what they mean by interstitial tissue; and it is very important that clear notions should exist with reference to this particular point. The lungs are not permeated throughout with areolar tissue, and it exists only in certain points, and in small quantities. The true lung tissue, that which has been known as the parenchyma, consists of the walls of the air-sacs. These walls are firm and strong, but very thin. They consist of yellow-elastic tissue, and a basement membrane, enclosing the pulmonary plexus. No areolar tissue is found in these walls; a fact which the morbid condition produced by pulmonary emphysema fully demonstrates. Although in pneumonia the walls of the air-sacs become somewhat thickened, this is due, the author believes, chiefly to the enlargement of the capillaries which they contain, and only partly to their retaining some of the exudation.

Pneumonia, then, according to the author, consists of an inflammation of the walls of the air-sacs of the lung, and the blood-vessels involved are the branches of the pulmonary artery, which constitute the plexus; and that the capillaries of the bronchial arteries are in no wise implicated, unless there be a concurrent bronchitis, which is in addition to the pneumonia, and not an essential part of it.

A case of Trephining of the Spine,

Performed by Dr. S. Gordon, is reported in the proceedings of a late meeting of the Royal Medical and Chirurgical Society, as published in the *Lancet*.

The patient was 31 years of age, who met with an injury of the spine on the 27th of March, 1865. He was thrown from a horse into a ditch, and immediately affected with paralysis of the lower limbs, rectum, and bladder. When admitted into the Whitworth Hospital these symptoms still continued; a bed-sore had formed, and there was incontinence of urine, which fluid was alkaline, and contained copious muco-purulent deposit. One of the vertebræ in the lower part of the spine was displaced. The operation of trephining was performed June 3d; it lasted 50 minutes, and was not accompanied by much hæmorrhage. Soon after the operation signs of improvement were noticed. On the fourth day after it the urine became acid, but did not continue so; sensation improved, and some days later there was an increase of motor power. After some time the urine, which was sometimes alkaline, sometimes neutral, became permanently acid, power over the bladder was restored, and the patient was conscious of the passage of fæces. Within eight weeks he was able to go out, reclining in a basket carriage. He has now regained control over the bladder, and he can sit erect with ease and comfort; but he cannot stand, or, of course, attempt to walk. His general health is excellent.

In making observations on this case, Dr. McDonnell, who reports it, draws attention to the following points:

1. There is nothing in the operation of a necessarily fatal kind; neither is it of necessity followed by exfoliation of bone, formation of matter, etc., which makes convalescence very tedious, if not impossible.

2. He thinks that even those who do not advocate the operation in question, must admit that in this case the operation was the cause of the improvement.

3. Judging from our present experience, he recommends that in future cases the operation should be performed early, before structural change has taken place in the cord, and the muscles have fallen into a state of atrophy, from which it is difficult for them to recover.

4. He advocates removing the posterior arches of more than one vertebra, as a proceeding which adds little to the difficulty or severity of the operation, and nothing to its danger, and which gives the patient a better chance of ultimately being able to stand and walk.

Reviews and Book Notices.

A Treatise on the Principles and Practice of Medicine: Designed for the use of Practitioners and Students of Medicine, By Austin Flint, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, etc., etc. H. C. Lea, 1866. Pp. 867. Price, $6. (In sheep, $7.)

The names of few American physicians are so widely known, both in Europe and in this country, as that of Dr. Flint. This is partly owing to his ubiquity. In Buffalo, Louisville, New Orleans, and New York, at least, he has practised and taught; and some of his medical essays have been first issued in Paris.

Dr. Flint has, however, earned a name by industry, and ability. His principal subjects of investigation have been physical diagnosis and fevers. His works upon the thoracic organs (on Physical Exploration of the Chest, and on Diseases of the Heart) have, we believe, been successful. There has been, therefore, a good deal of inquiry and expectation in regard to the present work on Practice, for some time preparing.

Having no space for an extended review, we must in a few words endeavor to give some account of the character of the book. It is a plainly, almost dryly written work, giving a full account of those diseases necessarily and customarily coming under the cognizance of "Practice of Medicine." This is preceded by a little over a

hundred pages upon the "Principles of Medicine."

Dr. Flint's book lacks the charm of style of Watson, and the elaborateness of Wood. It has the advantage over the last edition of the latter that it is newer, and thus contains more about "cerebro-spinal meningitis," (as he and some others persist in calling spotted fever), trichiniasis, and some other topics lately interesting.

This book represents well the cautious, sometimes timid therapeutics of to-day. We are glad to find, however, that, with Dr. Flint, blood letting is regarded as not always injurious, and is sometimes almost or quite recommended. Mercury may yet be named as a remedy in syphilis; though hardly useful for anything else. Alcohol is very judiciously and moderately prescribed by him; being not even insisted upon in every case of typhus. *Conservatism* in medicine is a favorite word and idea with our author; meaning, as we interpret him, the determination to lean always chiefly upon nature, and, if in danger of error, to let it be always upon the side of doing too little rather than too much. Dr. Flint seems, to us, to give the fullest weight rationally possible to therapeutic doubts. Let us quote a paragraph, for example, upon acute laryngitis. (P. 220.)

"If antimony be used, it should be given largely diluted to avoid its local action on the throat. Mercurialization may be advocated in this, as in some other affections, on the following grounds: Although the antiphlogistic and sorbefocient powers of mercury have doubtless been greatly over-estimated, it is not certain that it exerts no remedial influence in these directions. So long, therefore, as there is room to suppose that it may be useful in any measure, it should be employed in an affection like this, which frequently tends rapidly to destroy life by apnœa. The general depressing effect, and other evils of mercurialization, are of little comparative account, provided the remedy will prove in any degree useful in its influence on the local affection. If mercurialization be determined on, it should be induced early and rapidly, either by large doses guarded with opium, or by small doses repeated at short intervals, mercurial inunction being added."

A few of Dr. Flint's opinions on points of practice may be cited. In consumption, he maintains hope in cod liver oil, and considerable faith in alcohol (with hygienic measures), but deprecates excess. He rejects mercury as a remedy in acute or chronic dysentery. He does not say a word of leeching in acute gastritis, or indeed, so far as we have found, of leeching or cupping in any disease, except (p. 132) to express a want of confidence in all local blood-letting. He calls cholera morbus "sporadic cholera." The *unity* of "cholera infantum" is denied, several distinct affections being considered as confounded in the term; as, "sporadic cholera, diarrhœa from indigestion, enteritis, colo-enteritis, and dysentery." (P. 416.) In giving raw meat scrapings to infants, when other food is rejected, as advised by Weisse and Trousseau, the danger of *tænia* following, as it *has* in some instances, is mentioned.

Dr. Flint is very clear and positive in denying the contagiousness of cholera, while admitting its (very rare) possible portability by fomites. In treatment of epidemic cholera, before collapse, he relies most upon *full* doses of opiates, a grain of a salt of morphia at once, repeated in less than an hour. We must differ, after some experience, *toto cœlo* from this practice; believing in *small* doses, at *very short* intervals. Frictions and sinapisms, in the same case, Dr. Flint thinks of doubtful expediency. *Why*, he does not say; and we cannot see. During the collapse, he continues opium, and adds astringents; or, he says, "may be tried, hydrocyanic acid, creasote, and chloroform." The same is said of some stimulants.

Of diseases of the liver a good and full account is given, following Frerichs, Rokitansky, and Virchow. The history of "neuroses" is also full and clear. In epilepsy he quotes Dr. S. W. D. Williams' report of the failure of bromide of potassium to cure any of thirty-seven cases of epilepsy, all lunatics; although the fits were much reduced in frequency. Kidney diseases, especially Bright's disease, are very well discussed. Particularly good, also, is the account of typhoid, typhus, relapsing, and other fevers.

In scarlatina, cold sponging and the wet sheet are recommended as often very useful. In diphtheria, strong topical applications are deprecated. The tonics and other remedies now in common use in this disease are approved. Rheumatism, gout, and scurvy, end the book.

Taking it altogether, it is a good book on practice. But, were we beginning as a practitioner, and must have but one book as a guide, we would rather have either Wood or Watson; or (a work for which we paid nearly three times the price of Dr. Flint's) Aitken's.

We have no doubt, however, that the high and extended reputation of the author, and the merits which the work possesses, will command for it a large sale, and soon demand another edition. Mr. Lea has given it the advantage, usual with his books, of very clear type, good paper, and substantial binding. It is, no doubt, a volume well worth its (*for the present time*) moderate price.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 7, 1866.

AMERICAN MEDICAL ASSOCIATION.

This body will begin its seventeenth annual session this year, on the first day of May, at Baltimore. We learn that there is every prospect of an unusually large and interesting attendance from all parts of the country. The profession of Baltimore is making ample preparation to give the Association a cordial welcome. We trust that the meeting will be a harmonious one, and that much will be accomplished toward advancing the interests of medical science. A large number of committees are appointed to report on very important subjects, as will be seen by reference to the list published in this number; and there is reason to believe that many of these committees will be ready with able reports.

Several important amendments to the Constitution, proposed at the last meeting, will be voted on at this. Among them are the following:

1. To amend Section II., par. 4, by striking out the word "three," and inserting "five." This amendment has reference to the annual assessment. The particular point in the amendment which may cause difference of opinion is, that as offered, it makes delegates pay five dollars, while permanent members pay but three. It is contended that the two dollars extra paid by delegates not permanent members, is to be regarded in the light of an initiation fee. The argument is plausible, perhaps, but we doubt whether the distinction can be made, practically.

2. Add to par. 14, Section II., after "unanimous vote" the following—"and shall continue such, (*i. e.* permanent members,) so long as they remain in good standing in the body from which they were sent as delegates." The object of this amendment is apparent, and should be adopted.

3. To alter par. 3, of Section II., so as to allow but one delegate for every twenty members of a local Society, instead of one for ten, as now. We think that something should be done to diminish the representation in the Association. It is fast becoming an unwieldy body. Why not cut off, or greatly modify the representation from Colleges, Hospitals, etc., and limit the representation from large local Societies? We decidedly object to the overpowering representation now allowed to large medical Societies.

4. To amend par. 12, of Section II., fixing the status of "members by invitation," by limiting their membership to the meeting at which they are invited. It allows them to participate in the proceedings, but does not give them the right to vote. This should be adopted.

5. Amend par. 16, of Section II., by striking out the latter part of the paragraph, which allows permanent members the privilege of giving letters of introduction to practitioners who may desire to attend the meetings of the Association, and participate in its proceedings as members by invitation, and add to the same paragraph a sentence giving all Ex-Presidents and Ex-Vice-Presidents, and all permanent members who have attended four meetings of the Association as delegates, all the rights and privileges of delegates.

6. In par. 14, Section II., in relation to membership, it is proposed to strike out the words, "and of such other members as may receive the appointment by unanimous vote." This amendment, if passed, would prevent the Association from electing any distinguished foreigner who might be considered worthy of the compliment, a member. Besides, we think that the Association should have the privilege, properly guarded, to be sure of electing members in our own country by unanimous vote. Propositions of that kind might be referred to the Committee on Nominations, or on Credentials, and the member elected on their recommendation. We do not think that this amendment, in the manner in which it is proposed, should pass.

Some steps should be taken to purge the record of permanent members, by rejecting the names of deceased members, and those who have not maintained their membership by contributing to the support of the Association, or in any other way shown an interest in it. Or, if this cannot be done, some other course should be adopted to avoid the expense of publishing the names in each issue of the *Transactions*, of all the permanent and deceased members.

LOCAL ANÆSTHESIA.—A NEW METHOD.

A new method of annihilating pain during surgical operations has just been introduced in England by Dr. B. W. Richardson, and our cotemporary, the *British Medical Journal*, speaks of it with great confidence, and already reports numerous operations in which it has been applied. It consists in the rapid application of ether, in form of spray, over the part, and the combined effect of the resulting cold and the direct effect of the ether produce rapid and complete local anæsthesia.

In the extraction of teeth, and in all those minor operations, in which incisions of the skin, removal of the nails etc., are concerned, the method may be successfully applied. Dr. Richardson

believes that his means may be so extended as to enable even deep incisions to be made without pain. As soon as the skin, rendered painless by the cold, is cut, the ether spray acts upon the nerves in the part below, so that narcotism can be extended to any depth, following the knife, and continuing with the ether spray to act upon the cut surface. The method has already been successfully tried by Dr. R. in over forty cases. A member of the profession was operated upon for fistula with complete local anæsthesia by the ether spray.

Mr. Erichsen operated with similar success for phymosis; insensibility of the parts was produced in fifteen seconds, and the knife gave no pain whatever. In the case of removal of a tumor from the foot, insensibility was perfect in a minute, and the tumor leisurely dissected out, the patient stating that she was conscious of the course of the knife, but without any pain. Opening of an abscess in the breast and eversion of a diseased nail were performed absolutely painless. Different statements are made by different patients in regard to the sensation produced by the application of the anæsthetic; some state it as pleasant, others as slightly unpleasant, and others as burning and sharp. On this point, Dr. Richardson says a great deal depends on the part of the body subjected to its action, and a great deal on the rapidity of the process. The mucous surfaces, the hands, and the face are more sensitive than the other parts of the body. More pain is also felt when the process is prolonged; hence the process should be pushed on rapidly. Methods, however, may be devised for making the process quite free of sensation. Dr. Richardson is devoting himself closely to experiments bearing on this subject, and is having a larger apparatus constructed on what he calls the brush principle, with the view of applying the method in a capital operation.

Thus far, he has used Siegle's spray producer, with the hand-ball spray producer of Dr. Andrew Clark. The ether used should be perfectly pure, and have a specific gravity not exceeding 0.723.

MÜTTER LECTURESHIP.—COLLEGE OF PHYSICIANS.

We take pleasure in reminding our readers that the second series of lectures on Surgical Pathology, under the Mütter endowment, will be delivered by Dr. John A. Packard, during the months of April and May. The course began on Tuesday evening, the 3d inst., at the Hall of the College of Physicians, S. E. corner of Locust and Thirteenth streets. The subject will be "Fractures of the Upper Extremity." The lectures, we understand, will be of a highly practical character, and will be thoroughly illustrated by diagrams, specimens, and other means.

We hope the physicians of Philadelphia will show a proper interest in these lectures. The endowment of Dr. Mütter is an honor to our city. He left to the College of Physicians not only his magnificent museum, but the sum of $30,000 for enlarging it, and for diffusing a taste for the cultivation of surgical science. The course of lectures delivered last winter by Dr. Packard on inflammation, in accordance with the provisions of this bequest, although not as well attended as it should have been, was eminently successful. The result has been embodied in a small volume, which has been read with much interest, and which is highly creditable to our medical literature.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

VI.

General Prevalence of Disease.

The directions for making the monthly sick reports in the armies of the United States, require every man excused from duty, on account of sickness, to appear on the report. Hence the total number taken sick, represent slight indispositions as well as severe illness, and the figures are therefore much larger than in those armies in which hospital cases alone are reported.

The statistics during the first two years of the war, show, that on an average each soldier must have been taken on sick report several times a year. The ratio for the whole army was 2966 per 1000 of mean strength for the first year; 2694 for the second. In the Atlantic region, the number of cases was 2749 per 1000 of mean strength for the first year; 2563 for the second. In the Central region, 3422 for the first year; 2832 for the second. In the Pacific region, 2168 for the first year; 2123 for the second.

Regarding the constant sickness-rates, considerable difficulties are met with in obtaining them from the records of the first two years. A close approximation to correct rates for a part of the year ending 1863 may be given: Atlantic region, 106 per thousand of mean strength; Central region, 98; Pacific region, 70; being about 10 per cent. for the Atlantic and Central regions, and 7 per cent. for the Pacific. The highest rate regarding months is for the Atlantic region in October and November (123, 134), the lowest, April

* Extracts from Circular No 6. Dr. Otis' and Woodward's Reports.

and May (79, 81); in the Central region, January, February, and March, present the highest, April, May, and December, the lowest rates; January showing the highest rate in the Pacific region.

Comparative Frequency of the Several Diseases.

The whole number taken sick for the year ending June 30, 1862, was 878,918, of which 19,040 died; giving a ratio per 1000 of cases to strength =3125.85, and a ratio per 1000 of deaths to strength=65.44.

During the second year the whole number taken sick was 1,711,803, of which 52,152 died; the ratio per 1000 of cases to strength being= 2858.62, and the ratio per 1000 of deaths to strength=80.92.

We cannot, of course, give here the extensive tables of Dr. Woodward; we will, however, compile one to show the relative preponderance of some of the most frequent diseases:

Diseases, 1862.	No. Taken Sick	Died.
Typhoid fever	21,977	5,608
Common continued fever	11,771	146
Remittent fever	40,047	370
Intermittent fevers	70,576	69
Congestive intermittent	2,234	361
Acute diarrhœa	164,551	227
Chronic diarrhœa	4,881	493
Acute dysentery	32,237	347
Small-pox and varioloid	1,310	412
Measles	21,676	551
Consumption	2,508	550
Ophthalmia	8,564	1
Acute bronchitis	26,201	102
Catarrh	83,837	5
Pneumonia	11,061	2,134
1863.		
Typhoid fever	31,374	10,467
Typho-malarial fever	22,652	1,129
Remittent fever	83,716	1,167
Intermittent fevers	186,150	338
Congestive intermittent	3,847	1,020
Acute diarrhœa	373,927	870
Chronic diarrhœa	63,083	7,488
Acute dysentery	64,704	922
Small pox and varioloid	2,822	1,132
Measles	16,345	1,313
Consumption	5,599	2,040
Ophthalmia (purulent)	1,104	—
Acute bronchitis	50,799	187
Catarrh	63,202	24
Pneumonia	20,466	4,957
Scurvy	7,395	90

Camp Fever—(Typho-Malarial Fever.)

On account of the great mortality resulting from it, this was, during the first two years, the most important of the diseases of the army. Under the general designation of camp fever, all those cases are included which were reported, during the first year of the war, under the heads of typhus, typhoid, common continued, and remittent fevers; and, during the second year, under the heads of typhus, typhoid, typho-malarial, and remittent.

Using the term camp fever in its broad sense, as including cases of enteric fever, complicated by malarious poisoning, or the scorbutic taint, the whole number of cases, during the first year of the war, was 74,619; the deaths, 6,315; during the second year, 138,641 cases, and 13,144 deaths —the total for the two years being 213,260 cases, and 19,459 deaths.

The annual ratio of cases of camp fever per 1000 of mean strength for the two years was= 242.34, and the ratio of deaths for the two years, =20.80. Each year about one quarter of the men suffered from some form of the fever, and the deaths amounted to about 2 per cent. of the strength. The whole number of deaths from these fevers during the first year was nearly one-half the total mortality from disease; during the second year, owing to the increased mortality from other diseases, and especially from diarrhœa and dysentery, only about one-third the total mortality from disease, though still maintaining nearly the same ratio to strength.

Camp fever was much more frequent in the Atlantic and Central regions than in the Pacific. In the Atlantic region, during both years, the number of cases was somewhat less than one-fourth the strength; the deaths for each year about 17 per 1000 of strength. In the Central region the ratio of both cases and deaths was much greater during the first year than the second. During the first the cases amounted to nearly one-third of the strength; the deaths to about 32 per 1000 of strength. During the second year the cases were somewhat less than one-fourth of the strength; the deaths 24 per 1000 of strength.

The modifying influence of region on the mortality is shown strikingly by comparing the deaths with the number of cases. In the Central region there was one death to every 9.7 cases for the first year; one for every 9.3 for the second. In the Atlantic region one to 14 cases for the first year, 1 to 12 for the second. In the Pacific region, as there were but eleven deaths in the first year, and six in the second, much importance cannot be attached to its ratios.

A comparison of the monthly ratios of cases to strength in each region indicates the autumnal character of many of these fevers, and confirms the idea of a malarial element in their causation. In fact, the season wave for camp fever during the first year of the war is similar in many respects to that of the intermittent fever, the malarial origin of which is universally admitted.

During the second year the season wave, which in other respects is similar, is somewhat masked by the large figures for July and August in the Atlantic and Central regions. This deviation may be due to the character of the campaigns of the great armies in these regions, and the location in which they operated.

Morbid Anatomy of Typho-Malarial Fever.

The series illustrative of *camp-fever*, in the Army Museum, consists of about 160 specimens, chiefly preparations exhibiting the condition of the intestine in this form of disease. These specimens have been arranged in several groups. In the first, the characteristic lesion is enlargement of the solitary follicles of the small intestine, and especially of the ilium. Thickening of Peyer's patches may be quite absent, or may be present to a variable extent. All degrees of enlargement have been noticed, from the slightest change to cases in which the follicle attains the size of a pea. The most characteristic specimens may be thus described: In the fresh intestine, as received at the Museum, the ilium presents patches of deep congestion, of variable extent; the solitary follicles, enlarged to the size of large pin-heads, are frequently black with pigment deposits. The Peyer's patches, sometimes quite healthy, are more generally the seat of pigment deposits in the individual follicles composing the patch, which appears of a gray color, dotted over with blackish points, presenting a resemblance to the freshly-shaven chin. In other cases, the Peyer's patches are somewhat thickened, and occasionally as much so as in ordinary cases of enteric fever. The solitary follicles are not ulcerated in these cases, except rarely some of the largest, which may present a minute point of ulceration on the apex. The form of fever from which these specimens are obtained, is that which attracted attention in 1862, under the designation of Chickahominy Fever, but which, before and since, has prevailed whenever our armies have operated in malarious regions. It is a continued fever, which presents also a more or less decidedly remittent type, at the beginning at least. It is accompanied by diarrhœa and abdominal tenderness, but usually without tympanitis. Cerebral and pulmonary complications are common, as in ordinary enteric fever. Enlargement of the spleen is frequent and often excessive. The fever usually lasts from three to five weeks, and terminates in a lingering and protracted convalescence. This variety Dr. Woodward proposes to designate as the malarial form of typho-malarial fever.

The second group of specimens is less numerous and represents a rarer form of disease. As first received at the Museum, the ilium presents intense reddish-black patches of congestion, which sometimes extend throughout its whole length. The patches of Peyer are converted into livid, blackish, pulp-like sloughs, which are often remarkable for their size and fungoid appearance. Petechia-like blotches in the mucous membrane of the colon, the small intestine, and the stomach, are of frequent occurrence. Similar discolorations are at times observed in other organs. The cadaver often presents petechiæ on the external surface of the body, and scorbutic alterations of the mouth. During life, these cases are marked by the extremely adynamic character of the symptoms, by petechiæ, at times even by the characteristic scorbutic lesions of the mouth, by hæmorrhage from the bowels, and other hæmorrhages which complicate the disorder, and often prove fatal. The specimens preserved in the Museum, although they have lost their color, show satisfactorily the pulpy slough-like transformation of Peyer's patches. This variety is designated by Dr. Woodward as the scorbutic form of typho-malarial fever. It occurred chiefly at times when other scorbutic diseases were prevailing among the troops.

Specimens of the third group are quite identical with those obtained from the typhoid or enteric fever of civil life, and the cases in many instances are undoubtedly that affection in the ordinary form. As it occurred among the troops, however, the course of the disease was so generally more or less modified by the influence on the soldier of malaria, or of the scorbutic taint, or both, that Dr. W. proposes to indicate such cases as the enteric variety of typho-malarial fever.

INFANTICIDE—CRIMINAL ABORTION.

We have received several communications on this subject. An esteemed correspondent from Washington, D. C., writes as follows:

"Do you not greatly over-rate the number of cases in this country?

"I have had a pretty extensive medical experience—of nearly forty years in Washington—and my opinion is that such cases are rare among *married* women. I can hardly call to mind a single instance where I *know* such an operation to have been *actually* resorted to. Women have occasionally consulted me as to whether they could not be relieved of the fœtus by some mode, but upon having the moral and physical objections to such a course pointed out, have generally at once acquiesced in their propriety and importance. You will observe, I am speaking only of *married* women."

On the other hand, Dr. H. A. Spencer, of Erie, Pa., sends a communication from which at present we have space but for a few extracts. He says:

"Your remarks in the last number of the Reporter upon the subject of infanticide or criminal abortion certainly contain a great deal of truth, and the manner in which you treat the subject is pleasing to me. I am surprised that so little is said and published upon a matter of so much importance, and I have long desired that our medical journals would give this subject proper attention. When we look at this matter in a true light, and fully realize to what extend it is carried on, it is truly fearful!

"It is an undeniable fact that this infamous practice is much more prevalent among married women than among the single.

"I tell no untruth when I say that it is not an uncommon thing for the physician to be called to the dying bed of her, who but a few days since was in the bloom of health, now lying at the gates of death; with the awful conviction coming home to her, that with her own hands she has committed the fatal act.

"Now one serious question in my mind is, what are the agencies that tend to keep up this species of murder?

"In the first place I am of opinion that the medical profession are not acting rightly in this important matter.

"Is it not a fact, that some physicians, instead of sharply rebuking this practice, tolerate it, under their own eyes, and in many instances even help it on? I greatly fear that such is the case.

"Another great source of assistance in this criminal abortion is the quack pills and nostrums that flood our country, and I am sorry to say are advertised in all our leading papers and periodicals. Now, I have a very high regard for the press in our country, yet I must say that the puffing and advertising, and recommending these miserable nostrums, and the still more miserable creatures that manufacture them, is a stain upon the character of their noble calling. The press should be the very source through which these loafing pretenders, and their poisonous pills and slops '*not to be taken during the first three months of pregnancy*,' should be shown up in their true light, and the public warned against such vile impostors. Is it not high time that some interest should be manifested in this very important matter?

"I am truly gratified to find that the Reporter has taken this subject into consideration, and hope other medical journals will follow the example, and that the press, generally, will agitate this matter, until a reformation is effected. And let us, as physicians, do all we can to do away with this disgraceful practice, let us speak out upon this subject, and never cease our efforts until the desired object is accomplished."

While we would be rejoiced, if the estimate of our first correspondent, regarding the rarity of criminal abortion among married women, should prove to be correct, yet we doubt whether his views are borne out by the general experience of the profession. One thing must be borne in mind—physicians of the best and highest standing, and most extensive practice, are not the ones most frequently applied to by the *habitués* of abortion. In reference to Dr. Spencer's view, that it is to be feared that physicians have not opposed the evil with that degree of energy which it demands, we cannot entertain the idea. The profession, as a whole, has in this matter been true to itself. But there are black sheep in every community, and in every profession, and one of the the objects, which we have had in view in opening this discussion, is to arouse the profession to the importance of dealing summarily with such men, and in exerting their influence in favor of stricter legislation regarding the crimes of infanticide and abortion. There is a demand for still more light on the subject, and we hope the profession will speak out.

Notes and Comments.

Trichiniæ.

Although, as yet, no authenticated case of trichiniasis has occurred in the United States, people seem to be terribly frightened about the little animals, and the pork-dealers are doing very little business. There is not a shadow of sense in this panic. Trichiniæ probably have existed as long as pork has formed an article of human food, and the disease to which they gave rise has been ascribed to other causes. If the meat is properly and sufficiently *cooked*, they become inert, and nobody need be alarmed.

Another New Medical Journal.

We have received the first number (for March, 1866,) of the *Medical and Surgical Monthly*, published at Memphis, Tenn., edited by Drs. Frank A. Ramsey, D. D. Saunders, E. Miles Willett, and W. H. White. The *Monthly* consists of 68 pages of reading matter, original and selected. We cheerfully commend the *Monthly* to our readers, and bespeak for it a hearty support.

Books Received.—A Manual of the Principles of Surgery, Based on Pathology. For Students. By Wm. Carniff, M. D,, etc. etc. Pp. 402.

☞ We are requested to state that there is no intention of changing the place of meeting of the Association of Superintendents of American Hospitals for the Insane, but that it will meet in Washington, as announced.

Correspondence.

DOMESTIC.

Skin Disease.

Editor Medical and Surgical Reporter:

I see, in the Reporter of Feb. 17, an article by T. B. Smith, M. D., on diseases of the skin known by various names in this country, "Prairie Scratches," "Digs," and various other epithets as the patient may fancy. Some attribute it to one cause, and some to another; a great many attribute all their trouble in this way to eating pork, others to change of water. But I am inclined to believe that it is often contracted by sleeping in beds used by all classes of emigrants at our public houses, where sometimes at the time of the heaviest emigration rush, all kinds and classes are huddled together, and are compelled to sleep any way or in any kinds of beds. I have no doubt that it is infectious, for it often goes from one family to another in the vicinity, or among school children, where their hands are often in contact in their plays and amusements. I am not satisfied as to the real nature of the disease. My first experience with it satisfied me that the usual remedies for itch did no good. I have used the following for the last few years, and have never known it to fail where it is faithfully applied.

R. Iod. potass., gr. ij. to v., according to the age of the patient, twice a day for ten days or two weeks; and to stop the intolerable itching and relieve the present eruptions, I use the following, having it applied at bed-time over the surface, wherever there is any eruption, and the morning following wash off well with strong soap-suds, to prevent any deleterious effect of the mercury and cleanse the surface, which in some cases is an important adjunct to the treatment. Use it for three nights, washing off well every morning, and if not well at the end of one week, reapply it; but it is hardly ever necessary to use it more than three nights.

R.	Adeps,	℥iv.
	Hyd. oxyd. rub,	ʒj
	Terebinth. venet.,	ʒiss.

Mix well, having the precipitate well triturated first, and put into a wide-mouth vial, and cork well if it be kept for use. I would like to know how it operates in the cases Dr. Smith speaks of.

J. H. Foster, M. D.

Iowa Falls, Hardin co., Iowa.

P. S. The iod. potass. will cure it alone, if followed up for two or three weeks, in good doses.

J. H. F.

Case of Poisoning by Essence of Peppermint.

Editor Medical and Surgical Reporter:

On the third of January last, a boy, six years of age, took between one and two ounces of essence of peppermint. Five minutes afterward he was found lying insensible. I saw the child twenty minutes from the taking of the peppermint, found him motionless, limbs relaxed, with a slow, full, pulse, stertorous breathing, cold skin, livid lips, immoveable pupils, and eyes fixed. Failing to produce vomiting by the use of emetics, the stomach tube was introduced; the tepid water, used in cleansing the stomach, bore a strong odor of the peppermint; cold was applied to the head, and friction to the extremities, but all to no avail, the child never recovered from its comatose condition, but gradually sank and died two hours after taking the peppermint.

P. C. Remondino, M. D.

Wabashaw, Minn., March 21, 1866.

News and Miscellany.

Alumni Association of the College of Physicians and Surgeons, New York.

The Eighth Annual Meeting was held at the College building, corner Twenty-third street and Fourth Avenue, on Friday evening, March 9th. The President, Dr. John G. Adams, in his inaugural address, gave some interesting points in the history of the institution, and paid a high compliment to those graduates who had in so large numbers sustained the reputation of their Alma Mater in the service of their country. The following gentlemen were elected officers for the ensuing year: President, Dr. Alfred C. Post; Vice-President, Dr. Gurdon Buck; Secretary, Dr. Ellsworth Eliot; Treasurer, Dr. Henry B. Sands. The Board of Councillors were, in the the main, reëlected. The Standing Committee on Publication of the Triennial Catalogue, was also reëlected, and consisted of the following: Drs. Gurdon Buck, Samuel St. John, Ellsworth Eliot, Henry B. Sands, and Dr. John Shrady, Jr. Dr. Samuel R. Percy was awarded the prize offered by one of the Association for the best thesis on any medical subject. The title of the successful essay was, "What Effect has the Meat or Milk of Diseased Animals upon the Public Health?" Honorable mention was made of the following: "The Sanitary Condition of Large Cities," and "Certain Diseases of Accommodation in the Visual Apparatus." A committee was appointed to confer with Dr. Percy regarding the publication of his paper, and the matter of prizes was put upon a permanent basis through the munificence of Dr. Delafield, who subscribed the full amount, $1500, as a fund to be invested, the interest of which should be devoted to the encouragement of medical writing on the part of the Alumni. The Committee on Publication of the College Catalogue received the thanks of the

Association for the elegant and satisfactory manner in which their duty had been preformed. On motion of Dr. Gabriel Grant, it was substantially resolved that, by and with the consent of the Trustees, a tablet to the memory of all those who had fallen at the post of duty during the late war should be erected in the College at the expense of the Association. By a subsequent resolution, the officers of the Association were constituted a committee, with power to confer with the Trustees and collect the necessary subscriptions. Dr. Ellsworth Eliot read a series of very interesting obituaries of members deceased since the last meeting, after which the meeting adjourned. —*Med. Record.*

Phosphate of Iron in Blood.

Mr. James Bruce says that the red particles in blood are caused by phosphate of iron, for by adding this preparation of iron to blood, or to the white of an egg beaten up with distilled water, a beautiful color is produced. Mr. Bruce further states that its presence in the blood serves the purposes of heating and thinning it, promoting its intestine motion, as well as helping it through its passages (from its superior gravity) by increasing its weight and force against them, and therefore, any obstruction in the glands or capillary vessels must sooner be removed by such metallic particles than by those which are lighter. Iron, he adds, is the only metal friendly to the human constitution; but its use, where iron medicines are called for, must not be persevered in for any length of time, as any large excess in the blood would only serve by its pressure against the sides of the vessels to cause internal hemorrhage. The last fact was evidenced in the treatment of the cattle plague, the excrements of the cows being mixed with blood, where large doses of iron were administered, and which is not one of the recognized symptoms of the epidemic.

Chloride of Lime.

The use of Chloride of Lime to destroy vermin was tried by a correspondent of the *London Builder*, who relates his success in the following remarks:

Some years ago, I read in a French scientific periodical, that chloride of lime would rid a house of all vermin. I treasured up the information until an opportunity offered for testing its value. I took an old country house, infested with rats, mice, and flies. I stuffed every rat hole and mouse hole with the chloride. I threw it on the stone floors of the dairy and cellars. I kept saucers of it under the chests of drawers, or some other convenient piece of furniture; in every nursery, bed or dressing room. An ornamental glass held a quantity at the foot of each staircase. Cow-sheds, stables and pig-styes, all had their dose, and the result was glorious. I thoroughly routed my enemies; and if the rats, more impudent than all the rest, did make renewed attacks upon the dairy, in about ten months, when probably from repeated cleansing and flushing all traces of the chloride had disappeared, a handful of fresh chloride again routed them and left me master of my own premises. Last season was a great one for wasps. They could not face the chloride; though in the dining room, in which we had none—as its smell, to me most refreshing and wholesome, is not approved of by all persons—we had a perpetual warfare. And all this comfort for eight-pence! Only let housewives beware that they place not the chloride in their china pantries, or in too close proximity to bright steel wares, or the result will be that their gilded china will be reduced to plain, and their bright steel fenders to rusty iron, in a short time.

We advise a trial of the chloride of lime for the "vermin" that infest the grape vines; those pests the rose bugs; also the squash bugs, and the cucumber bugs, and indeed for all the bug family, so well known to gardeners and farmers.

Pension Examining Surgeons.

The following are recent appointments:

Mass.—Dr. A. H. Daniels, Amherst.

Missouri—Dr. John Thompson, Edina; Dr. O. Allen, Austin.

Iowa—Dr. Geo. Stitzell, Nevada; Dr. Wm. A. Morse, Manchester.

—— Dr. J. A. Read, of Baltimore, denies the whole theory of trichina. He says: "I boldly assert that the trichina never did and never will destroy human life; that they have in all probability existed in the human flesh always, certainly for the last half-century; and I think it a fair deduction, taking it, for the sake of argument, as granted, that we may receive them through the instrumentality of the hog, that they are not more dangerous to life on that account."

—— The hospital records have just been footed up, and they show the enormous aggregate of 253,000 Union soldiers to have died on battle-fields and in hospitals during the war to suppress the rebellion. This does not include those who died at their homes of lingering disease contracted in the service.

—— The appointment of Consulting Physician to the Ward's Island Hospital, New York, has been tendered by the Commissioners of Emigration to Dr. Henry G. Cox, and the offer has been accepted.

—— Out of forty-eight candidates, the Paris Imperial Society of Surgery has chosen the following ten foreign correspondents: Donders, of Utrecht; Longmore, of Netley Hospital; Bilroth, of Zurich; Brown Sequard, of Boston; Holmes, of London; Humphry, of Cambridge; Gurlt, of Berlin; Neudorfer, of Prague; Smith, (probably Stephen Smith,) of New York, and Emmert, of Berne.

NOTICE.

The Twentieth Annual Meeting of the *Association of Medical Superintendents of American Institutions for the Insane*, will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

Pennsylvania State Lunatic Hospital,
Harrisburg, March 8th, 1866.

MARRIED.

Anderson—Smith.—In this city, March 21st, by the Rev. W. C. Best, Edwin Anderson, M. D., of Marietta, Ohio, and Miss Lizzie K. Smith, of Philadelphia.

Blanchard—Gladish.—March 20th, in Parish Lafourche, La., at Abbey Plantation, the residence of Mrs. Mary E. Bellier, by Rev. R. Hardie, Joseph A. Blanchard, M. D., and Miss Annie M. Gladish.

Crossley—Agard.—In Princeton, Ill., March 15th, by the Rev. N. H. Axtell, George W. Crossley, M. D., and Miss Clara L. Agard, both of Princeton.

North—Mills.—On Sunday, March 18, at Cornwall, Conn., by Rev. Stephen Fenn, at the residence of his father, Burritt B. North, M. D., William B. North, M. D., and Annie M. G. Mills, of Brooklyn, L. I.

Lackey—Hitchcock.—February 13, 1866, at the residence of the bride's parents, in Moline, Ill., by the Rev. A. B. Hitchcock, assisted by the Rev. A. H. Lackey, Dr. R. M. Lackey, of *The Chicago Medical Journal*, and Miss Frank A. Hitchcock.

Miller—Wymond.—March 25th, 1866, in Laurenceburg, Ind., by Rev. F. A. Hester, Dr. C. B. Miller, and Miss Helen E. Wymond, all of Laurenceburg.

Schenck—Bush.—In Brooklyn, March 28, at the Church of the Holy Trinity, by Rev. Mr. Littlejohn, Dr. John P. Schenck, Jr., of Matteawan, N. Y., and Mary E., daughter of H. V. Bush, Esq., of Brooklyn.

Sprague—Danielson.—March 27, at West Killingly, Conn., by Rev. W. W. Davenport, Dr. H. M. Sprague, of West Farms, N. Y., and Miss Sarah G. Danielson, of the former place.

Wilson—Evans.—March 20th, at the residence of the bride's parents, by Rev. J. H. Timmons, J. C. Wilson, M. D., of Armstrong co., Pa., and Miss Caroline Evans, of Tarentum, Pa.

DIED.

Ball.—In Northboro', Mass, March 21, Mrs. Lydia Ball, widow of Dr. Stephen Ball, Sen., aged 86 years and 4 months.

Bradley.—In Lowell, Mass., March 23, Mrs. Louisa W. Bradley, widow of the late Dr. Peleg Bradley, aged 73 years and 1 month.

Briddon.—In New York, March 25, Blanche, second daughter of Dr. Charles K. and Martha Briddon, aged 7 years and 8 months.

Ennis.—In Carrollton, Ill., March 9th, at the family residence, Mrs. Julia A. Ennis, wife of Dr. Ennis.

Gordon.—At New Albany, Ind., January 3d, 1866, after a lingering illness, Mrs. Eliza A. Gordon, wife of Dr. John Gordon.

Grey.—In Brooklyn, on Monday, March 26th, Joseph Edward Grey, M. D, aged 36 years and 5 months.

Jones.—In this city, March 25th, Dr. A. C. Jones, in the 56th year of his age.

North.—At Cornwall, Conn., after a short illness, William B. North, M. D., in the 31st year of his age. (Date not given. See marriages, above.)

Storer.—In Chicago, Charles Edward Storer, youngest son of Dr. Charles Storer, of inflammation of the brain, aged 19 months.

Townsend.—In this city, March 26th, Dr. Charles Townsend, dentist.

Walton.—In London, England, March 16, Eliza, the beloved wife of Dr. Henry C. Walton, of New York.

White.—In New Orleans, March 19, 1866, at the residence of the Rev. Elijah Guion, 180 Jackson street, Susan Davis White, aged 18 years, daughter of the late Dr. Franklin White, of Vicksburg, Miss.

Wolfe.—March 27th, Dr. William W. Wolfe, of Milton, Del.

Zabriskie.—In New York, March 29, of typhoid fever, in the 23d year of his age, Le Maire Zabriskie, M. D., elder son of Christian Zabriskie, Jr.

☞ At a special meeting of the Bellevue Hospital Medical Union, held March 30, 1866, the following resolutions were unanimously adopted:

Whereas, It has pleased Almighty God to take from our midst our friend and associate, Dr. Le Maire Zabriskie, through disease contracted during his residence in this hospital.

Resolved, That we sincerely deplore the loss of one whose enthusiasm and noble disposition led him to sacrifice his life in the performance of his professional duties, and that in his death the profession has lost an earnest and faithful member, and ourselves a sincere and valued friend.

Resolved, That we tender to the family of deceased our most heartfelt sympathies in their bereavement, and that we bear witness to the many virtues which endeared him to all with whom he was brought in contact.

Resolved, That as a mark of respect the members of this Society attend the funeral, and wear the usual badge of mourning for thirty days.

Resolved, That we transmit a copy of these resolutions to the family, and that they be published.

EDWARD FARRELL, M. D.,
W. W. JOHNSTON, M. D.,
S. AMABILE, M. D.,
Committee.

METEOROLOGY.

March,	19,	20,	21,	22,	23,	24,	25.
Wind	N. E.	N. E.	S. W.	S. W.	N. E.	E.	N. W.
Weather	Cl'dy. Snow.	Cl'dy. Rain.	Cl'dy. Showery.	Clear.	Cl'dy.	Clear.	Clear. High Wind.
Depth Rain		2-10					
Thermometer.							
Minimum	23°	25°	26°	28°	28°	37°	30°
At 8 A. M.	31	33	37	33	38	46	33
At 12 M.	33	42	45	45	55	46	31
At 3 P. M.	33	42	44	46	52	44	32
Mean	30.	35.50	38.	38.	43.25	43.25	31.50
Barometer.							
At 12 M.	30.1	30.1	30.2	30.3	30.1	29.8	29.8

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

AMERICAN MEDICAL ASSOCIATION.

The SEVENTEENTH ANNUAL SESSION will be held in the city of Baltimore, on Tuesday, May 1, 1866.

The following Committees are expected to report:

On Prize Essays, Dr. Austin Flint, Sr., New York, Chairman.
On Quarantine, Dr. Wilson Jewell, Pa., Chairman.
On So-called Spotted Fever, Dr. Jas. J. Levick, Pa., Chairman.
On Ligature of the Subclavian Artery, Dr. Willard Parker, New York, Chairman.
On Tracheotomy in Membraneous Croup, Dr. Alex. N. Dougherty, N. J., Chairman.
On rank of Medical Corps in the Army, Dr. C. S. Triplet, U. S. A., Chairman.
On Rank of Medical Corps in the Navy, Dr. T. L. Smith, N. Y. Chairman.
On Medical Literature, Dr. C. A. Lee, N. Y., Chairman.
On Medical Education, Dr. Samuel D. Gross, Pa., Chairman.
On American Necrology, Dr. C. C. Cox, Md., Chairman.
On Patent Rights and Medical Men, Dr. David Prince, Ill., Chairman.
On Alcohol and its Relations to Man, Dr. Gerard E. Morgan, Md., Chairman.
On Insanity, Dr. Alfred Hitchcock, Mass., Chairman.
On Milk Sickness, Dr. Robert Thompson, Ohio, Chairman.
On the Relation which the Doctrine of the Correlation and Conservation of Forces bears to the Physiological and Pathological Condition of the Human System, Dr. S. L. Loomis, D. C., Chairman.
On the Progress of Medical Science, Dr. Jerome Cander Smith, N. Y., Chairman.
On Diphtheria, Dr. H. D. Holton, Vt., Chairman.
On the Comparative Value of Life in City and Country, Dr. Edw. Jarvis, Mass., Chairman.
On Drainage and Sewerage of Cities in their Influence on Health, Dr. Wilson Jewell, Pa., Chairman.
What Effect has Civilization on the Duration of Human Life? Dr. Augustas A. Gould, Mass., Chairman.
On Disinfectants, Dr. E. M. Hunt, N. J., Chairman.
On Compulsory Vaccination, Dr. A. Nelson Bell, N. Y. Chairman.
On Strangulated Hernia, Dr. W. F. Peck, Iowa, Chairman.
On the Causes and Pathology of Pyæmia, Dr. J. J. Woodward, U. S. A., Chairman.
On the Use of Plaster of Paris in Surgery, Dr. Jas. L. Little, N. Y., Chairman.
On the Etiological and Pathological Relations of Epidemic Erysipelas, Spotted Fever, Diphtheria, and Scarlatina, Dr. N. S. Davis, Ill., Chairman.
On Meteorology, Medical Typography, and Epidemics.

Dr. J. C. Weston, Me.	Dr. D. Francis Condie, Pa.
" P. A. Stackpole, N. H.	" T. Antisell, D. C.
" C. L. Allen, Vt.	" O. S. Mahon, Md.
" A. C. Garratt, Mass.	" T. M. Logan, Cal.
" C. W. Parsons, R. I.	" R. C. Hamill, Ill.
" B. H. Catlin, Conn.	" J. W. H. Baker, Iowa.
" E. M. Chapman, N. Y.	" Abm. Sager, Mich.
" E. M. Hunt, N. J.	" J. W. Russell, Ohio.

WM. B. ATKINSON,
Permanent Secretary,
Philadelphia.